

EXHIBIT 4

OKLAHOMA HIGHWAY PATROL



Case Number: YE00112-20
CollisionDate: 08/08/2020 16:19
Trooper: LINZY #649
Location: KILPATRICK TURNPIKE MILE 113
At or Near: NW 36 ST. UP
City and County: OKLAHOMA CITY, CANADIAN

Name: MILANOVIC, OGNJEN
License Number: [REDACTED]
DOB: [REDACTED]
Phone Number: [REDACTED]
Address Street: 3-3 FOUR WINDS DR
City: NORTH YORK State: ON ZIP:
Insurance Company: OLD REPUBLIC INS CO
Insurance Phone: 8665241556
Policy Number: T70051D
Vehicle Make: KW Model: T680 Year: 2019
VIN: DXKYDP9X0LJ960146
Tag Number: PA10315 Tag State: ON
Owner Name: HL MOTOR GROUP INC
Owner License Number:
Owner Street: 15 OLD COLONY ROAD UNIT 33
Owner City: RICHMOND HILL State: ON ZIP: L4E 4

If you find the other driver was not insured at the time of the above referenced collision, you may complete an Oklahoma Motor Vehicle Collision Report and submit the same within 1 year of the collision to:

DPS - Driver Compliance Division

P.O. Box 11415

Oklahoma City, OK 73136-0415

Call 405-425-2098 or visit www.dps.state.ok.us with questions.

The Official Oklahoma Traffic Collision Report can be obtained by calling the Department of Public Safety Records Management Division at 405-425-2262.

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N

☒ ☐

Revised

Fatality

Hit and Run

Y N

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(1) Reporting Agency OKLAHOMA HIGHWAY PATROL		Case Number (Agency Use) YE00112-20		Motor Vehicles Involved 02		Number Injured 01		Number Killed 00											
(2) Date of Collision (mm/dd/yyyy) 08/08/2020		Time 1619		County Number and Name 09 CANADIAN		Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 70 OKLAHOMA CITY													
(3) Distance from Nearest City or Town Limits MI <input type="checkbox"/> FL <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		Control # 00		Int ID 00		Location 00		East Grid 067		North Grid 026		Administrative 0 PARIS							
(4) Street, Road or Highway KILPATRICK TURNPIKE MILE 113		Distance from 0264		MI <input type="checkbox"/> FL <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		(Nearest) Intersecting Street, Road or Highway NW 36 ST.													
(5) Unit 01		Occupants 01		Type D		Hit & Run <input checked="" type="checkbox"/>		Last Name MILANOVIC		First OGNJEN		Middle Suffix Date of Birth (mm/dd/yyyy) Sex M							
(6) Address City State Zip Telephone (Use Area Code)																			
(7) Driver License Number State Class Endorsement(s) Restriction(s) Inj. Sev. Type of Injury Drv./Ped. Cond. OP Use																			
(8) Ejected Air Bag 1		Extricated 1		Test 1		(% BAC) 5		Transported by EMS		To Medical Facility OU HOSPITAL		License Plate Number PA10315		State ON		Month 12		Year 2020	
(9) VIN IXKYDP9X0LJ960146		Vehicle Year 2020		Color BLU		2nd Color 0		Make KW		Model T680		Veh. Conf. 10		Extent of Damage 4					
(10) Insurance Company Name Insurance Verification 3		OLD REPUBLIC INS CO		Policy Number T70051D		Insurance Telephone (Use Area Code) 8665241556													
(11) Vehicle Removed by Driver ARROW WRECKER		Same as Driver <input type="checkbox"/>		Owner's Last Name First Middle Suffix															
(12) Owner's Address City State Zip Towed Veh. Type Oversized Load 0																			
(13) Citation Number Statute/Ordinance Number Citation Number Statute/Ordinance Number																			
(14) Unit 02		Occupants 00		Type C		Hit & Run <input type="checkbox"/>		Last Name 9		First Middle Suffix		Date of Birth (mm/dd/yyyy) Sex							
(15) Address City State Zip Telephone (Use Area Code)																			
(16) Driver License Number 9																			
(17) Ejected Air Bag 0		Extricated 0		Test 0		(% BAC) 5		Transported by		To Medical Facility		License Plate Number BXZ861		State OK		Month 06		Year 2021	
(18) VIN 1FMCU0EG5AKC23076		Vehicle Year 2010		Color WHI		2nd Color 0		Make FORD		Model ESCA		Veh. Conf. 20		Extent of Damage 4					
(19) Insurance Company Name Insurance Verification 2		STATE FARM INSURANCE		Policy Number 3623576151		Insurance Telephone (Use Area Code) 8007828332													
(20) Vehicle Removed by Driver <input checked="" type="checkbox"/>		Same as Driver <input type="checkbox"/>		Owner's Last Name MENDENHALL		First EMILY OR MILA		Middle Suffix											
(21) Owner's Address City State Zip Towed Veh. Type Oversized Load 0																			
(22) Citation Number Statute/Ordinance Number Citation Number Statute/Ordinance Number																			
(23) Investigating Officer Wayne Linzy		Badge Number 649		Trp/Div. Assigned YE		Trp/Div. Location YE		Reviewer (Init.) TL		Reviewer Badge Number 94		Date of Report (mm/dd/yyyy) 08/08/2020							
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Other Cyclist Z Other Cyclist C Parked Car A Animal T Train		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 9 Unknown		Type of Injury 0 N/A 1 Head 2 Trunk - Internal 3 Trunk - External 4 Arms 5 Legs 9 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs 05 Under the Influence of Medications 06 Very Tired 07 Sleepy 08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 Unknown		Occupant Protection (OP) In Use 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown									
Air Bag Deployed 0 Not Applicable 1 Not Deployed 2 Deployed - Front 3 Deployed - Side		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected, Partially		Extricated 0 N/A 1 No 2 Yes		Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath		Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown		Insurance Verification 0 N/A 1 No 2 Owner		Oversized Load 0 N/A 1 Not Permitted P Permitted		Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homemade Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown					

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

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(24) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	OKLA TURNPIKE AUTH					
(25) Address	City		State	Zip	Telephone (Use Area Code)			
3500 N ML KING AVE	OKLAHOMA CITY		OK	73111	(405)425-3600			
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							20' FENCE	
(27) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	WINDOM	CHARLES	E			
(28) Address	City		State	Zip	Telephone (Use Area Code)			
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							24' PICKETT FENCE	
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	CARR	EARLENE				
(31) Address	City		State	Zip	Telephone (Use Area Code)			
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							REAR OF HOUSE & FENC	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	LUMAN	CARRIE				
(34) Address	City		State	Zip	Telephone (Use Area Code)			
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							PERSONAL PROPERTY	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address	
01	HL MOTOR GROUP INC	15 OLD COLONY ROAD UNIT 33	
(37) City	State	Zip	
RICHMOND HILL	ON	L4E 4	
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
2274502	OK		
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class
	OK		

Position in Vehicle <p>00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>	Vehicle Configuration <p>00. N/A</p> <p>01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles</p> <p>07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/ Semi-Trailer 11. Truck-Tractor/ Double 12. Truck-Tractor/ Triple</p> <p>13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/ Moped 17. Motor Home</p> <p>18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown</p>	Cargo Body Type <p>00. N/A</p> <p>01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed</p> <p>06. Intermodal 07. Dump Truck/ Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse</p> <p>11. Hopper (grain/ chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown</p>
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DPS: 0192-02 REV 0107

Case Number **YE00112-20****OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT** Pg 3 of 6

Unit		Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only		Unit Number of Vehicle Striking	
This unit will correspond to 'Unit 1'				Actions Prior to Collision	Location at Time of Collision	Safety Equip.	
01	02	70					
This unit will correspond to 'Unit 2'		00	00				

Light <u>1</u> 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown 7 Lighting 8 Other 9 Unknown		What Vehicle Was Going to Do Unit 1: <u>01</u> Unit 2: <u>13</u> 00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown	Override/Override Unit 1: <u>00</u> Unit 2: <u>00</u> 0 Not Applicable 1 No Override or Override 2 Underdrive, Compartment Intrusion 3 Underdrive, No Compartment Intrusion 4 Underdrive, Compartment Intrusion Unknown 5 Override, Motor Vehicle in Transport 6 Override, Other Motor Vehicle 9 Unknown
Weather <u>03</u> 01 Clear 02 Fog/Smog/Smoke 03 Cloudy 04 Rain 05 Snow 06 Sleet/Hail (Freezing Rain/Drizzle) 07 Severe Crosswind 08 Blowing Snow 09 Blowing Sand, Soil, Dirt 10 Other 99 Unknown	What Vehicle Did Unit 1: <u>15</u> Unit 2: <u>13</u> 00 Not Applicable 01 Went Ahead 02 Turned Left 03 Turned Right 04 Entered "U" Turn 05 Stopped 06 Slowed 07 Started From Park/Stop 08 Entered Other Lane 09 Overtaking 10 Passing 11 Backed 12 Remained Stopped 13 Remained Parked 14 Entered/Merged 15 Departed Rdwy-Right 16 Departed Rdwy-Left 17 Swerved Right 18 Swerved Left 19 Parked 20 Other 99 Unknown	Traffic Control Unit 1: <u>00</u> Unit 2: <u>00</u> 00 No Control 01 Stop Sign 02 Traffic Signal 03 Flashing Traffic Signal 04 School Zone Signs 05 Yield Sign 06 Warning Sign 07 Railroad Advance Warning Sign 08 Railroad Cross Bucks 09 Railroad Gates 10 Railroad Signal 11 No Passing Zone 12 Person (including flagger, law enforcement, crossing guard, etc.) 13 Abnormal Control 14 Other 99 Unknown	
Locality <u>6</u> 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown	Type of Intersection <u>0</u> 0 Not an Intersection 1 Y-Intersection 2 T-Intersection 3 Four-Way Intersection 4 Five-Point or More Intersection as Part of Interchange 5 Traffic Circle 6 Roundabout 9 Unknown	Road Surface Conditions Unit 1: <u>01</u> Unit 2: <u>01</u> 01 Dry 02 Wet 03 Ice/Frost 04 Snow 05 Mud, Dirt, Gravel 06 Slush 07 Water (standing, moving) 08 Sand 09 Oil 10 Other 99 Unknown	
Incident Type <u>00</u> 00 Not an Incident 51 Private Property 52 Deliberate Intent 53 Medical Condition 54 Legal Intervention 55 Suicide 57 Drowning 58 Other	Visibility Obscured by Unit 1: <u>99</u> Unit 2: <u>00</u> 00 Not Applicable 01 Trees 02 Embankment 03 Building 04 Signs 05 Parked Vehicles 06 High Weeds 07 Fences 08 Shrubbery 09 Ice, Snow or Frost on Windows 10 Smoke 11 Fog 12 Dust 13 Rain 14 Sun 15 Other 99 Unknown	Road Character Unit 1: <u>4</u> Unit 2: <u>0</u> 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	
Location of First Harmful Event <u>09</u> 01 On Roadway 02 Shoulder 03 Median 04 Roadside 05 Gore 06 Separator 07 Parking Lane/Zone 08 Off Roadway, Location Unknown 09 Outside Right-of-Way 10 Other 99 Unknown	Driver Distracted by Unit 1: <u>9</u> Unit 2: <u>0</u> 0 Not Applicable/None 1 Electronic Communication Devices 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown	Road Surface Type Unit 1: <u>1</u> Unit 2: <u>1</u> 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown	

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 9 Unknown	Location of the Work Zone Collision 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 9 Unknown
Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	

Trafficway Unit 1: <u>4</u> Unit 2: <u>7</u> 0 Not Applicable 1 One Way 2 Two-Way - Not Divided 3 Two-Way - Divided 4 Two-Way - Divided - Positive Median Barrier 5 Turn Lane 6 Ramp / Loop 7 Driveway 8 Alley / Parking Lot 9 Unknown	Vehicle Removal Unit 1: <u>1</u> Unit 2: <u>3</u> 0 Not Applicable 1 Towed Due to Vehicle Damage 2 Towed For Reasons Other Than Damage 3 Remained at Scene 4 Driven from Scene 9 Unknown
Vehicle Condition Unit 1: <u>01</u> Unit 2: <u>01</u> 00 Not Applicable 01 Apparently Normal 02 Brakes 03 Headlights 04 Steering 05 Tail Lights 06 Brake Lights 07 Tires/Wheels 08 Suspension 09 Signal lights 10 Windows 11 Truck Coupling/Trailer Hitch/Safety Chains 12 Mirrors 13 Wipers 14 Power Train	Special Function of Vehicle Unit 1: <u>00</u> Unit 2: <u>00</u> 00 Not Applicable 01 School Bus 02 Transit Bus 03 Intercity Bus 04 Charter Bus 05 Other Bus 06 Military 07 OHP 08 Other Police 09 Other Law Enforcement 10 Ambulance 11 Fire Truck 12 Public Owned Vehicle 13 Highway Equipment 14 Special Mobilized Machine 15 Other

Unsafe / Unlawful Contributing Factors Unit 1: <u>88</u> Unit 2: <u>98</u> FAILED TO YIELD 01 From Stop Sign 02 From Yield Sign 03 Private Drive 04 County Road at Through Highway 05 From Signal Light 06 From Alley 07 To Pedestrian 08 To Vehicle on Right 09 In Meeting Intersection 10 To Emergency Vehicles 12 Other FOLLOWED TOO CLOSELY 13 Human Element 14 Traffic Condition 15 Weather Condition UNSAFE SPEED 16 Driver's Ability (Aged) 17 Inexperienced Driver - Young 18 Exceeding Legal Limit 19 For Traffic Conditions 20 For Type of Roadway (Gravel, Dirt, etc.) 21 For Ice or Snow on Roadway 22 Rain or Wet Roadway 23 Wind 24 Other Weather Conditions 25 Vehicle Condition 26 View Obstruction 27 On Curve/Turn 28 Impeding Traffic 29 Other IMPROPER TURN 30 From Wrong Lane 31 From Direct Course 32 Right 33 Left 34 Turn About/U-Turn 35 To Enter Private Drive 36 In Front of Oncoming Traffic 37 Other CHANGED LANES UNSAFELY 39 STOPPED IN TRAFFIC LANE FAILED TO STOP 40 For Stop Sign 41 For Traffic Signal 42 For School Bus 43 For Railroad Gates/Signal 44 For Officer/Flagman 45 At Sidewalk/Stopline 46 Other UNSAFE VEHICLE 47 Brakes 48 Steering	49 Tires 50 Suspension 51 Headlights 52 Tail Lights 53 Stop Lights 54 Wheel 55 Exhaust System 56 Windshield Wipers 57 Other Mechanical Defects LEFT OF CENTER 58 In Meeting 59 No Passing Zone (Unmarked) 60 Marked Zone 61 Other IMPROPER OVERTAKING 62 In Marked Zone 63 On Hill/Curve 64 At Intersection 65 Without Sufficient Clearance 66 Other IMPROPER PARKING 67 On Roadway 68 Where Prohibited 69 Other INATTENTION 70 Distracted by Passenger in Vehicle 71 Other Distraction Inside Vehicle 72 Distraction From Outside Vehicle 73 Other WRONG WAY 74 On One Way 75 On Exit Ramp 76 On Entrance Ramp 77 Other IMPROPER START FROM 78 Parked Position 79 Other 80 ALCOHOL-DUI/DWI 81 DRUG-DUI OTHER IMPROPER ACT/ MOVEMENT 82 Failed to Signal 83 Disregarded Warning Signal 84 Improper Use of Lane 85 Improper Backing 86 Apparently Sleepy 87 Failed to Secure Load 88 Other/Unknown UNKN./NO IMPROPER ACT 89 Deer in Roadway 90 Animal in Roadway 91 Domestic Animal in Rdwy 92 Avoiding Other Vehicle 93 Avoiding Pedestrian 94 Object/Debris in Roadway 95 Defect in Roadway 96 Abnormal Traffic Control 97 Improper Bicyclist Action 98 NO IMPROPER ACTION BY DRIVER 99 PEDESTRIAN ACTION
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Point of First Contact on Vehicle Unit 1: <u>12</u> Unit 2: <u>08</u> Most Damaged Area Unit 1: <u>12</u> Unit 2: <u>08</u>	 00 Not Applicable 13 Top 14 Undercarriage 99 Unknown
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Case Number	YE00112-20		Pg 4 of 6
Latitude	Longitude	Railroad Crossing Number	Roadway Orientation
35.5083	-97.6986		Unit Number 01 NE SW S Unit Number 02 NE SW E



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	44	71	35	71	
02	34	00	00	00	34	44

00 Not Applicable
 10 Overtum/Rollover
 11 Fire/Explosion
 12 Immersion
 13 Jackknife
 14 Cargo/Equipment Loss or Shift
 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
 16 Separation of Units
 17 Departed Road Right
 18 Departed Road Left
 19 Cross Median/Centerline
 20 Downhill Runaway

21 Fell/Jumped From Motor Vehicle
 22 Thrown Or Falling Object
 23 Other Non-Collision
 PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
 30 Pedestrian
 31 Pedal Cycle
 32 Railway Vehicle (train, engine)
 33 Animal
 34 Motor Vehicle in Transport
 35 Parked Motor Vehicle
 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

37 Work Zone/Maintenance Equipment
 38 Other Non-Fixed Object
 FIXED OBJECT:
 40 Barrier (Cable)
 41 Barrier (Concrete)
 42 Barrier (Other)
 43 Fence Pole
 44 Fence
 45 Traffic Signal Support
 46 Traffic Sign Support
 47 Utility Pole/Light Support
 48 Other Post/Pole/Support
 49 Guardrail/Guardrail Face
 50 Guardrail End
 51 Culvert
 52 Curb
 53 Island
 54 Sand Barrels
 55 Impact Attenuator/ Crash Cushion
 56 Pavement Drop-Off
 57 Ditch
 58 Embankment
 59 Tree (Standing)
 60 Dividing Strip
 61 Retaining Wall
 62 Bridge Abutment
 63 Bridge Pier or Support
 64 Bridge Rail
 65 Bridge Post
 66 Bridge Curb
 67 Bridge Super Structure (Beams)
 68 Bridge Overhead Structure
 69 Delineator
 70 Mailbox
 71 Other Fixed Object
 72 Other Highway Structure
 73 Ground
 99 Unknown

Remarks

UNIT 1 WAS SOUTHBOUND ON THE KILPATRICK TURNPIKE (JKT) IN THE OUTSIDE LANE. UNIT 1 WENT RIGHT OFF THE ROADWAY JUST AFTER CROSSING SH 66 ON GOING ABOUT 260' THROUGH GRASS EMBANKMENT FIRST STRIKING A FENCE LINE BEHIND 3720 CATAMARAN DR. AOI WAS APPROX 264' NORTH OF THE NORTH EDGE OF NW 36TH ST AND 138' WEST OF THE WEST EDGE OF JKT SB LANES. IN CHRONOLOGY, UNIT 1 WENT THROUGH SECOND FENCE, STRUCK THE REAR OF HOUSE/FENCE 3716 CATAMARAN DR, STRUCK THE FRONT OF DUPLEX 3706 & 3704 CATAMARAN DR, STRUCK UNIT 2 PARKED IN DRIVEWAY OF 3704, STRUCK TREES, MADE A HARD LEFT AT NW 36TH TO THE REAR OF 3700 CATAMARAN DR, STRUCK A SANITARY SEWER THEN CAME TO REST. AOI WAS APPROX 57' NORTH OF THE NORTH EDGE OF NW 36TH AND 129' WEST OF THE WEST EDGE OF JKT SB LANES. UNIT 2 AOR WAS APPROX 75' SOUTH OF ITS IMPACT. PRE-IMPACT THERE IS NO EVIDENCE OF BRAKING OR OPERATOR INPUT. POST IMPACT, ABOUT THE REAR OF 3716 CATAMARAN DR, THERE SEEMS TO BE BOTH STEERING AND BRAKING INPUT. WITNESS STATES SHE SAW UNIT 1 LEAVE THE ROADWAY 'AS IF IT WERE TAKING AN EXIT.' UNIT 1 DRIVER STATES THAT HE DID NOT RECALL EVENTS PRIOR TO THE COLLISION, AND THAT HE HAS NO MEDICAL CONDITION THAT SHOULD HAVE CAUSED UNCONSCIOUSNESS. AFTER EVENT INSPECTION OF UNIT 1 BY TRP

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



DPS: 0192-04 REV 0107

Case Number YE00112-20

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT PERSONS SUPPLEMENTAL

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(42) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos In Veh. 00	Last Name MENDENHALL	First EMILY	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(43) Address	City		State	Zip	Telephone (Use Area Code)			
(44) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type PERSONAL PROPERTY	
(45) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos In Veh. 00	Last Name PALMER	First ASHLYN	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(46) Address	City		State	Zip	Telephone (Use Area Code)			
(47) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type PERSONAL PROPERTY	
(48) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh. 00	Last Name REYNOLDS	First MARIE	Middle	Suffix	DOB(mm/dd/yyyy) 10/02/1978	Sex F
(49) Address	City		State	Zip	Telephone (Use Area Code)			
(50) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(51) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos In Veh. 00	Last Name LUNDY	First RANDY	Middle J	Suffix	DOB(mm/dd/yyyy)	Sex
(52) Address	City		State	Zip	Telephone (Use Area Code)			
(53) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type DUPLEX OWNER	
(54) Unit 00	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos In Veh. 00	Last Name OKLAHOMA CITY UTILITIES	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(55) Address	City		State	Zip	Telephone (Use Area Code)			
(56) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type SANITARY SEWER TOP	
(57) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(58) Address	City		State	Zip	Telephone (Use Area Code)			
(59) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(60) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(61) Address	City		State	Zip	Telephone (Use Area Code)			
(62) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(63) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(64) Address	City		State	Zip	Telephone (Use Area Code)			
(65) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(66) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos In Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(67) Address	City		State	Zip	Telephone (Use Area Code)			
(68) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	



DPS: 0192-SUPP01 REV 0107

Case Number YE00112-20

**OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE**

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RAGLAND S729 DID NOT REVEAL ANY OBVIOUS MECHANICAL DEFECTS. RAGLAND'S INSPECTION REPORT IS #OKI104152005. UNIT 1 DRIVER LOG SHOWS DRIVER HAD BEEN ACTIVE FOR AT LEAST 9 HOURS. INVESTIGATION EVIDENCE POINT TO SLEEPY DRIVER. AERIAL MAPPING AND DIAGRAM ASSISTANCE BY TRP CONWAY #337 (THU) WITH SUPPLEMENTAL REPORT CR03038-20.

PHOTOS WERE TAKEN BY TROOPERS LINZY AND CONWAY, HOMEOWNERS, AND MEDIA AND WERE STORED AT TROOP HQ'S AND INDIVIDUAL DEVICES.

